**department of port control cleveland hopkins international airport (CLE)**

**April 1, 2021 – March 31, 2022.**

Permit for Operation of a Motorcoach Vehicle (*City of Cleveland* *Codified Ordinance Section 571.91*)

Company Name:

Billing Address:

Billing Address 2:

City, State, Zip:

Contact Name: Title:

Contact E-Mail Address:

Office Phone #: Cell #:

Website:

Certificate of Insurance expiration date: (ACORD form attached)

PUCO/UCR registration expiration date: (*registration attached)*

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| **TO BE COMPLETED BY APPLICANT (See Attachment)** |
| Make | Model/Year | License Plate # |
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I hereby acknowledge that I understand the rules, regulations, and policies contained within this application, including but not limited to a payment of $550.00 annually or pro-rated, for Motorcoach Transportation Vehicle services to, from or on Airport property, as required by Codified Ordinance 571.91, and that all Commercial Transportation Vehicle drop off and pick up activity shall be conducted in a location designated by the Department of Port Control, and furthermore, I understand that the Department of Port Control may modify or amend any or all of these rules, regulations, and policies and that violation may result in a fine, revocation of an Airport issued permit and/or criminal Penalties.

I confirm that I am an authorized signatory for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **# OF PERMITS** *(For Internal Use Only)* |
| MOTORCOACH |  |